

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046585

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1851

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 2 1 1962

VS 300	DATE AMENDED
Rev. 4/59	
10397	
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9 4500	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
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	INSTEAD OF
	DOCUMENT
	BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo' b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 70 yrs	c. CITY OR TOWN Springfield Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION I40I N Prospect Ave'		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) I40I N Prospect Ave' Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Thomas Eugene Mitchell			4. DATE OF DEATH Month Day Year December 14 1962
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug '4 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Decorator		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	9. AGE (last birthday) 77 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Boliver Mo'		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Robert Mitchell		13b. MOTHER'S MAIDEN NAME Amanda Divens	
14. NAME OF HUSBAND OR WIFE Olia Mitchell		17. INFORMANT Address Ernestine Washington I40I N Prospect	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio-Sclerosis & embolism INTERVAL BETWEEN ONSET AND DEATH 3 yrs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1958 to 1962 and last saw ^{her} him alive on 12-12-62 Death occurred at 7:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Tom H. Pelsby M.D. (Degree or title)		22b. ADDRESS 719 S. Johnson Springfield Mo'	22c. DATE SIGNED 12-15-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec '18 1962	23c. NAME OF CEMETERY OR CREMATORY Lincoln Memorial	23d. LOCATION (City, town, or county) (State) Springfield Mo'
24. FUNERAL DIRECTOR ADDRESS Herbert V Smith 602 N Jefferson St.		25. DATE RECD. BY LOCAL REG. 12-17-62	26. REGISTRAR'S SIGNATURE Effie E Meeter

USE BLACK INK OR TYPEWRITER RIBBON

JAN 4 1963

DEC 29 9 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herbert V Smith

Licensed Embalmer No. 4286

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit issued 12-15-62